

**MULTIPLE DEPENDENT CLAIM
FEE CALCULATION SHEET**
(FOR USE WITH FORM PTO-875)

SERIAL NO.
09705486
APPLICANT(S)

FILING DATE
11-03-00

CLAIMS

	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT			*		*		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.		IND.	DEP.	IND.	DEP.	IND.	DEP.
1	✓						51		✓				
2		✓					52		✓				
3		✓					53		✓				
4		✓					54		✓				
5		✓					55		✓				
6		✓					56		✓				
7		✓					57		✓				
8		✓					58		✓				
9		✓					59		✓				
10		✓					60		✓				
11		✓					61		✓				
12		✓					62		✓				
13		✓					63		✓				
14		✓					64		✓				
15		✓					65		✓				
16		✓					66		✓				
17		✓					67						
18		✓					68						
19		✓					69						
20		✓					70						
21		✓					71						
22		✓					72						
23		✓					73						
24		✓					74						
25		✓					75						
26		✓					76						
27		✓					77						
28		✓					78						
29		✓					79						
30		✓					80						
31		✓					81						
32		✓					82						
33		✓					83						
34		✓					84						
35	✓						85						
36	✓						86						
37		✓					87						
38		✓					88						
39		✓					89						
40		✓					90						
41		✓					91						
42		✓					92						
43		✓					93						
44		✓					94						
45		✓					95						
46		✓					96						
47		✓					97						
48		✓					98						
49		✓					99						
50		✓					100						
TOTAL IND.		↓		↓		↓	TOTAL IND.	3	↓		↓		↓
TOTAL DEP.		↓		↓		↓	TOTAL DEP.	6.3	↓		↓		↓
TOTAL CLAIMS							TOTAL CLAIMS	6.3					

CLAIMS ONLY							SERIAL NO.	FILING DATE
							APPLICANT(S)	
CLAIMS								
	AS FILED		AFTER 1st AMENDMENT		AFTER 2nd AMENDMENT		*	
	IND.	DEP.	IND.	DEP.	IND.	DEP.	IND.	DEP.
1								
2								
3								
4								
5								
6								
7								
8								
9								
10								
11								
12								
13								
14								
15								
16								
17								
18								
19								
20								
21								
22								
23								
24								
25								
26								
27								
28								
29								
30								
31								
32								
33								
34								
35								
36								
37								
38								
39								
40								
41								
42								
43								
44								
45								
46								
47								
48								
49								
50								
51								
52								
53								
54								
55								
56								
57								
58								
59								
60								
61								
62								
63								
64								
65								
66								
67								
68								
69								
70								
71								
72								
73								
74								
75								
76								
77								
78								
79								
80								
81								
82								
83								
84								
85								
86								
87								
88								
89								
90								
91								
92								
93								
94								
95								
96								
97								
98								
99								
100								
TOTAL IND.								
TOTAL DEP.								
TOTAL CLAIMS								
* MAY BE USED FOR ADDITIONAL CLAIMS OR ADMENDMENTS								